

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2116</u>	2. Fiscal Year Covered From: <u>5</u> / <u>15</u> / <u>2004</u> Through: <u>06</u> / <u>20</u> / <u>2005</u>
3. Name and address of person filing. Name <u>JIMMY G MATTA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2516 8th 131 St</u> City <u>Burien</u> State <u>WA</u> ZIP Code + 4 <u>98146</u>	4. Name, file number, and address of labor organization. Name <u>Regional Council of Carpenters</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>25120 Pacific Hwy S.</u> City <u>Kent</u> State <u>WA</u> ZIP Code + 4 <u>98032</u>
5. Position in labor organization. <u>Union Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

6.6.05

Date

206.901 9834

Telephone Number

Name of Person Filing

File Number U- 2116

Trade Name, if any:

Latino Connections

P.O. Box, Bldg., Room No., if any

Street

144 A SW 153rd St

City

Burien

State

WA

ZIP Code + 4

98146



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Carpenters would pay for 1 hour  
raw radio time. LC would take  
responsibility of programming and  
develop a positive image for Carpenters  
Union. We would also be responsible  
for radio programmers.

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

No income was ever received.  
Both parties paid equal  
amounts.

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.